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# Research Update

## Institute for Clinical and Epidemiological Research

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## Morris Weinberger Wins Health Services Research's Highest Award

### *From Our Director ...*

I am deeply moved that Morris Weinberger, my long-time mentor and friend, was honored with the highest award conferred to a Health Service Researcher at this year's annual meeting. I have known and admired Morris' research and educational efforts for 14 years and I cannot think of a more deserving or respected person to receive this award.

Dr. Weinberger is a tireless worker who has complete commitment to the VA's research mission. As a health services researcher, he has few peers. His work in chronic disease management programs, telephone delivery of health care, and evaluation of clinical pharmacy interventions is unparalleled. He was also one of the first researchers to test health services interventions in clinical trials. Because of his rigorous methodologic approach, many of his 140 peer-reviewed publications serve as landmark articles in the field. The majority of his research and health services interventions have been evaluated in veteran populations and have helped provide a roadmap for the new VA.

As a teacher and mentor, Dr. Weinberger has no equal. The list of pre-doctoral students, post-doctoral students, fellows, and junior faculty that he has mentored is too long to recount. Every one of his students is touched by his undaunted commitment and intelligence. He also leads by example. He will work hard to make primary measurements with his mentees; review analysis, manuscript drafts, grant applications, meeting presentations, and numerous other facets of mentoring.

The Durham Center of Excellence is very fortunate to have Morris on our faculty. He has opened new doors at our affiliate and already helped us recruit faculty for two new positions. His presence touches all of us and we appreciate the honor that this bestows on Morris and our Center.

**Eugene Z. Oddone, M.D., M.H.Sc.**

The annual Under Secretary's Award for Outstanding Achievement in Health Services Research, which represents the highest award given to honor a VA health services researcher, was presented to Morris Weinberger, Ph.D., on February 13, 2003, at the Health Services Research & Development (HSR&D) Annual Meeting in Washington, D.C. Dr. Weinberger is a research career scientist at the Center for Health Services Research in Primary Care in Durham and is the first non-field director to receive this award.

"This is an unbelievable honor that recognizes the many colleagues with whom I've worked," says Dr. Weinberger. "This award is testimony to the exciting work VA

health researchers are conducting to improve the process and outcomes of care for veterans."

The award was established in 1998 in recognition of the importance of the Department of Veterans Affairs health service research program and its vital link to the health care of veterans and the public. The award recognizes an individual's research that "has added significantly to the understanding of factors that affect the health of America's veterans or has led to a major improvement in the quality of veterans' health care; has made a substantive contribution to the future of VA health services research by inspiring a

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**HSR&D Center of Excellence in Primary Care • Epidemiologic Research and Information Center  
Women's Health Research Program • Program on the Medical Encounter & Palliative Care**

new generation of investigators through excellence in training and mentorship; and has enhanced the visibility and reputation of VA research through national leadership in the research community.” The award includes a monetary award, a plaque recognizing his achievements and \$50,000 a year for up to three years to supplement VA research.

Dr. Weinberger has focused much of his career on performing randomized, controlled clinical trials of behavioral, psychosocial, clinical and systems interventions in areas such as disabling arthritis, diabetes, hearing impairment and dementia. His research is highly relevant to the everyday delivery of clinical care for veterans, and contributes to our understanding of the types of clinical, psychosocial and economic barriers to care. This is especially true in areas such as breast cancer screening, diabetes care, and patients taking their prescribed medications. He has also conducted groundbreaking research in the areas of disease management, telephone-based nurse interventions, and primary care-based strategies to reduce hospital utilization.

Dr. Weinberger has made major contributions on the relative value of global survey instruments assessing quality of life and functional status, and how they can be best administered, compared to instruments that are specific to clinical conditions. It has been said by one of his colleagues: “There are few investigations of patient-centered outcomes among veterans that don’t draw from Morris’ contributions to this most basic behavioral science.”

Dr. Weinberger’s active involvement in and commitment to the health of veterans and health services research has been recognized since he first began his career in the Department of Veterans Affairs. While on sabbatical at Duke University in 1988, he was recruited by John Feussner, M.D., at the time director of Durham VAMC’s Center for Health Services Research in Primary Care, to be the Center’s associate director. In 1991, he was named an Associate HSR&D Career Scientist and in 1996 he became only the second investigator to be named a VA HSR&D Research Career Scientist. In 1994, he was recruited to develop and be the director of the Center for Health Services Research at the Roudebush (Indianapolis) VA Medical Center. Dr. Weinberger returned to the Durham VA as a Career Scientist in July 2001, concurrent with his appointment as the Vergil N. Slee Distinguished Professor of Healthcare Quality Management, Department of Health Policy and Administration, University of North Carolina at Chapel Hill School of Public Health.

Dr. Weinberger’s commitment to veterans and health services research is also recognized among his local professional peers. Actively funded health services researchers at the Durham VA were polled as to whom among them has been the most influential as a researcher and research mentor. Dr. Weinberger was the unanimous choice. Comments such as his track record as a continuously funded researcher; devotion to veterans; commitment to studying the process of health care beneficial to the VA; ability to mentor young researchers, in particular clinical researchers; and his

work in disease management and clinical trials in health services research were mentioned.

John R. Feussner, M.D., M.P.H., former Chief Research and Development Officer for the Department of Veterans Affairs, and initiator of the Under Secretary’s Award, states, “Dr. Weinberger stands above his peers with regards to his research productivity, his value as a health services researcher to the Department, his value to the research leadership within the VA as a policy advisor, and the leadership he brings to the health services and epidemiology research effort at the Durham VA. He embodies the character, innovation, persistence and productivity represented by the recognition inherent in this award.”

Dr. Weinberger’s contributions to health services research have been recognized outside the VA as well. In addition to his 2001 appointment to UNC, Dr. Weinberger received the Vision Award in September 2002 at the Improving Chronic Illness Care’s (ICIC) National Congress on Improving Chronic Care, given annually by the ICIC, a national program supported by the Robert Wood Johnson Foundation and based in Group Health Cooperative’s MacColl Institute.

Dr. Weinberger is the author of approximately 140 articles in peer-reviewed medical journals, 52 as first-author. He was the associate editor of the journal *Diabetes Care* from 1996-97. He served as co-editor-in-chief of the journal *Medical Care* from 1997 through 2002. After one-year under his co-editorship the average review time for a submitted manuscript went from six-to-nine months to six-to-eight weeks and the number of manuscripts submitted increased by one-third. The journal’s ranking among all international public health journals jumped from twelfth- to third-place. During this time the VA became second only to the Agency for Healthcare Research and Quality in funding papers published in *Medical Care*.

## Durham Begins ALS Registry

The Department of Veterans Affairs is creating a national registry of veterans with amyotrophic lateral sclerosis (ALS), which will be conducted by the Durham Epidemiologic Research and Information Center (ERIC), with cooperation of the Lexington (KY) VA Medical Center. Funding will be provided by the VA Cooperative Studies Program. ALS, also known as Lou Gehrig’s disease, kills the brain and spinal cord cells that control muscle movement, and results in gradual muscle wasting and the eventual loss of movement. It affects as many as 30,000 Americans at a given time. The registry will identify veterans with a diagnosis of this progressive neuro-degenerative disorder, regardless of when they served in the military, and track their health status.

Eugene Oddone, M.D., M.H.Sc., director of the Durham VA’s Center for Health Services Research in Primary Care and acting-director of the Durham ERIC and Ed Kasarskis, M.D., Ph.D., chief of neurology at the Lexington

(KY) VAMC, will be co-principal investigators of the registry.

“One of the main goals of the registry,” says Dr. Oddone, “is to be able to inform veterans about clinical trials, both by VA and non-VA investigators. We have a scientific review committee of ALS experts who will evaluate potential studies and for any study that has merit, we will inform registry members about it.”

An earlier ERIC study, its preliminary findings announced in December 2001, found that the risk of ALS was nearly twice as high among veterans who had been deployed to the Persian Gulf region in 1990 and 1991 as those who were not. This study, funded by the VA and the Department of Defense, and involving other federal health agencies and the ALS Association, resulted in the first link between Gulf War service and a specific disease. ERIC researchers recently completed identifying veterans for the final phase of this study and are exploring possible reasons for the higher rate of ALS among the deployed veterans, such as exposure to environmental toxins.

### Effects of Race and Poverty on Stroke Outcomes

Blacks experience higher incidence of stroke, higher stroke mortality, and among those who survive, worse residual physical impairment than whites. Evidence indicates that greater stroke severity does not fully explain the racial differences in these stroke outcomes. However, differential access to timely stroke and post-stroke services may explain these differences according to a recently completed study by the VA Acute Stroke (VAsT) Study Team and published in the April issue of the journal *Stroke*\*.

There have been few studies that examined racial differences in the utilization of stroke rehabilitation services and, therefore, it is unclear whether a difference in use of stroke services accounts for the racial differences in stroke recovery.

“One of the major issues in the area of health disparities in stroke is whether racial and ethnic minorities experience worse outcomes from stroke and why that is,” says Ron Horner, Ph.D., lead author of the study, and former director of the Durham Epidemiologic Research and Information Center and former associate director of Durham’s Center for Health Services Research in Primary Care. “Our study, conducted in an equal access VA health care system, focused on the processes of care, and specifically the role of rehabilitation. We found that functional ability at the time of discharge was similar among racial groups, suggesting a similar process of care within the VA. However, although the acute care processes appears to be similar, regardless of race or ethnicity, use of rehabilitation is less certain.”

The key finding was that after hospital discharge, the trajectory of physical function recovery differed according to the patient’s race and income level. “Lower socio-economic status blacks experience relatively slower recovery than other

patients, including higher-income blacks, and whites of all income levels,” says Dr. Horner, “and their recovery is to relatively lower levels of functioning after discharge.”

According to Dr. Horner, this finding may point to some potential explanations regarding racial disparities in stroke. “We speculate that the relative worse trajectory of recovery among poor blacks reflects the effects of a two-fold process,” says Dr. Horner. “First, a greater proportion of poor blacks may have worse access to supplemental support services, and second, this worse access may be amplified by the community environment into which they are discharged. Clearly, these two areas need to be verified by a more precise assessment of rehabilitation services received and the community context of discharge for both blacks and whites.”

This study drew from a secondary analysis of data from a nationwide, nine-site study, and involved 738 VA hospitalized acute stroke patients, black and white, who were referred to inpatient rehabilitation.

The study concluded that it is important to examine the post-discharge environment to identify factors associated with further improvement or impediments to improvement to the therapeutic benefits achieved at discharge.

\* Horner RD, Swanson JW, BOSWORTH HB, MATCHAR DB. “The Effects of Race and Poverty on the Process and Outcome of Inpatient Rehabilitation Services among Stroke Patients” *Stroke* 2003 (April); 34(4):1027-1031.

### Determining Perimenopausal Symptoms

When women veterans ask Lori Bastian, MD, questions about particular symptoms in their contact with her in the Durham VA outpatient clinic, she often has to ask herself, “Is this woman perimenopausal?” Perimenopause refers to a time period before the final menstrual period through the first year after the final menstrual period. How to best determine if a woman is experiencing this menopausal transition is the question Dr. Bastian and her research colleagues asked in their study published in a February issue of the *Journal of the American Medical Association*\*.

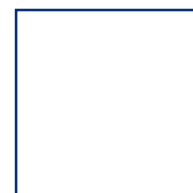
“Many of the women veterans that we care for are in their 40’s and 50’s,” says Dr. Bastian, “and I’ve had to struggle with how to decide when they are starting menopause.”

Dr. Bastian says that physicians need information to identify perimenopausal women. When women ask if they are experiencing the menopausal transition, physicians need to be able to answer questions about changes their patients are experiencing; to offer advice on symptom relief, such as hot flashes and night sweats; to offer advice on contraception; and to give advice on disease prevention, such as osteoporosis.

To address these issues, Dr. Bastian and her colleagues did a systematic review of the literature on the diagnosis of perimenopause. Their study concludes that “no single element of the medical history or clinical examination is powerful enough to confirm the probability of being perimenopausal.” “We found [in the literature] that age was the most powerful

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predictor of this reproductive transition,” says Dr. Bastian. Studies have found the median age for perimenopause to be 47.5 years, with 75% of women being either perimenopausal or postmenopausal by age 50.

“After considering age, symptoms, such as hot flashes and night sweats, were somewhat helpful in making the diagnosis,” says Dr. Bastian. “Tests for hormonal levels, such as follicle-stimulating hormone, and other lab tests, do not give us much additional information.”

“Clinicians should make the diagnosis of perimenopause based on age and menstrual history, without relying on laboratory test results,” concludes Dr. Bastian.

\* Bastian LA, Smith CM, Nanda K. “Is This Woman Perimenopausal?” *JAMA* (2003, February 19) 289(7):895-902.



### Faculty Publications

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BOSWORTH HB, BASTIAN LA, Rimer BK, Siegler IC. “Coping Styles and Personality Domains Related to Menopausal Stress” *Women’s Health Issues* 2003; 13(1): 32-38.

Sullivan MD, Katon WJ, Russo JE, Frank E, Barrett JE, Oxman TE, WILLIAMS JW Jr. “Patient Beliefs Predict Response to Paroxetine among Primary Care Patients with Dysthymia and Minor Depression” *Journal of the American Board of Family Practice* 2003 (Jan/Feb); 16(1):22-31.

Indridason OS, COFFMAN CJ, ODDONE EZ. “Is Specialty Care Associated with Improved Survival of Patients with Congestive Heart Failure?” *American Heart Journal* 2003 (February); 145(2):300-309.

STEINHAUSER KE, BOSWORTH HB, CLIPPE EC, McNeilly M, Christakis NA, Parker J, TULSKY JA. “Initial Assessment of a New Instrument to Measure Quality of Life at the End of Life” *Journal of Palliative Medicine* 2002; 5(6):829-41.

**Research Update** is published by the Health Services Research and Development Service, Department of Veterans Affairs Medical Center, Durham. For questions or comments contact Ed Cockrell, Administrative Officer, VAMC (152), 508 Fulton Street, Durham NC, 27705. Telephone: (919) 286-6936, Fax: (919) 416-5836. E-mail: COCKR001@mc.duke.edu Web Page: <http://hsrd.durham.med.va.gov/> The Institute’s mission is to provide quality information on issues regarding the organization, financing, and delivery of veterans’ health care, and to build the epidemiological capacity of the Veterans Health Administration through the generation, synthesis, and dissemination of epidemiological information. The Institute also has a mission to educate health professionals through a spectrum of training grants in the techniques of health services and epidemiological research.